

## **Iowa Department of Natural Resources**

**Energy and Waste Management Bureau** 

## WASTE TIRE HAULER REGISTRATION APPLICATION/RENEWAL FORM

**▼**FOR IDNR ACCOUNTING USE ONLY **▼** 

this applic instruction correctly	applicants: Before you complete ration, carefully read the attached s. Failure to complete the form or to provide all the requested n will result in the application rned.		50- 7-5420-0657 R'S OFFICE:					
for:	gin here: This application is							
<u>Please c</u>	egistration							
ITEM 1	Name of business:							
ITEM 1A	List any other name(s) under which the tire hauler may be affiliated with (parent company, corporation, etc.)							
ITEM 2	Address and phone number of the	e principal pl	ace of busine	ss of the	tire hauler:			
-	Street address	city	state	zip	phone			
ITEM 3	Name and address of the person( of the tire hauler:	(s) submittin	g this applicat	tion as a	representative			
-	Name	city	state	zip	phone			
ITEM 4	Name and address of the president of a corporate waste tire hauler, or the owners of 10% or more of a waste tire hauler operating as a proprietorship or partnership:							
	1) Name	city	state	p	hone	-		
	2)	city	state	p	hone	-		
	3)	city	state	pł	none	-		

## ITEM 5

<u>Motor vehicle information</u>
Complete the following information for each motor vehicle used by the applicant for hauling tires:

Vehicle #	1		Vehicle	Vehicle #2			
Year	Make	Model	Year	Make	Model		
Name and address of owner:				nd address of c	owner:		
License P	late #		License	License Plate #			
State Reg	jistered In:		State Re	State Registered In:			
Vehicle #	3		Vehicle	#4			
Year	Make	Model	Year	Make	Model		
Name and address of owner:				Name and address of owner:			
VIN#			VIN#				
License Plate #			License	License Plate #			
State Registered In:			State Re	State Registered In:			
*Copy this	sheet and add i	nformation for as mai	ny additional veh	icles as needed			
ITEM 6	Provide the r	nd use information name of all facilities r of another site of	where waste t				
	1) Name		city	state	phone		
	2) Name		city	state	phone		
	3)		city	state	phone		

ITEM 12	Attach the annual registration fee of \$50. Make checks payable to the "lowa			
	Type or print name:			
	Signature: Date:			
ITEM 11	I understand the responsibilities of a waste tire hauler, per applicable lowa Code and administrative rule requirements, and submit this application as signed below:			
	Initial here with understanding of these requirements:			
ITEM 10	The applicant shall pay all amounts due to any individual, group, or entity for damages caused by improper disposal of waste tires by the applicant or the applicant's employee while acting within the scope of employment. I understand that such damages shall not be limited to the value of the hauler's bond.			
	Initial here with understanding of these requirements:			
ITEM 9	The applicant agrees to notify the department of natural resources within 30 days of any change in the information provided by the applicant in this application.			
	Initial here with understanding of these requirements:			
ITEM 8	The applicant, representing the waste tire hauler identified herein, agrees to comply with the vehicle marking requirements as contained in Iowa Administrative Code 567 chapter 116.			
IIEM /	using the form attached herein. If a renewal, provide or obtain copies of statement or invoice that shows that the bond renewal has been paid for and is current and in effect.			

ITEM 12 Attach the annual registration fee of \$50. Make checks payable to the "lowa Department of Natural Resources."

Return completed application, fee, and bond information to:

Chad Stobbe
Iowa Department of Natural Resources
502 E. 9<sup>th</sup> St.
Des Moines, IA 50319-0034